

SERIAL NUMBER <div style="text-align: center;">09/388,294</div>	FILING DATE <div style="text-align: center;">09/01/99</div>	CLASS <div style="text-align: center;">606 604</div>	GROUP ART UNIT <div style="text-align: center;">3732 3743</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">197449000300</div>
--	--	---	--	--

APPLICANT

MICHAEL A. EVANS, PALO ALTO, CA; DENIS M. DEMARAIS, SAN JOSE, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

None ^{KCS}

****371 (NAT'L STAGE) DATA*******

VERIFIED

None ^{KCS}

****FOREIGN APPLICATIONS*******

VERIFIED

None ^{KCS}

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/20/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 19	TOTAL CLAIMS 93	INDEPENDENT CLAIMS 4
---	---	------------------------	----------------------	--------------------	-------------------------

Verified and Acknowledged KCS KCS

Examiner's Initials
Initials

ADDRESS

SEE CUSTOMER NUMBER: 020350

TITLE

METHODS AND APPARATUS FOR ACCESSING AND TREATING BODY LUMENS

FILING FEE RECEIVED <div style="text-align: center;">\$1,087</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
---	---	--